

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90251 009 ***150.00

DOCUMENT # P00000013731

1. Entity Name
DEERFIELD BACK NECK CENTER, INC.

Principal Place of Business

Mailing Address

499 N.E. SPANISH RIVER BLVD.
BOCA RATON, FLA. 33431

2. Principal Place of Business

GOLD'S GYM

3. Mailing Address

Suite, Apt. #, etc.

1427 E. COMMERCIAL BLVD.

City & State

FORT LAUDERDALE

Zip

33334

Country

U.S.A.

Zip

Country

4. FEI Number

65-0984443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILING INC.
3732 N.W. 16th ST.
FT. LAUDERDALE, FLA. 33311-4132

Name **ALAN A. BRUSTEIN**

Street Address (P.O. Box Number is Not Acceptable)

499 N.E. SPANISH RIVER BLVD.

City

BOCA RATON BEACH

FL

Zip Code
33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Alan A. Brustein

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 - Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing ☐

Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Delete
NAME **ALAN A. BRUSTEIN**
STREET ADDRESS **499 N.E. SPANISH RIVER BLVD.**
CITY - ST - ZIP **BOCA RATON, FLA. 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan A. Brustein, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

Date

561-338-5111

Daytime Phone #

CR2034 (11/00)